PT0/S8/17 (18-08)
Approved for use through 06/S0/2010, OMB 0851-0832
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Effecti	ve on 12/08/20	04		5 F8500nd to a collection of information unless it displays a valid OMRI control number Complete if Known				
Fees pursuant to the Consolida				Application Num	iber 10	/581,446	Conf. No.: 2164	
FEE TR	ANS	NII I <i>F</i>	\L [Filing Date	ju	ne 1, 2006	***************************************	
For FY 2009			, sin	First Named Inv	entor To	Toshíki ORIGUCHI		
				Examiner Name	····	SALVITTI	***************************************	
Applicant claims small	entity status.	See 37 CFR 1.2	7	Art Unit	17	•••••••••••••••••••••••••••••••••••••••		
TOTAL AMOUNT OF PAYMENT (\$) 1,170,00								
Access Conet So. Lawrence Co.								
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below								
Tomos de recta) in creates parties trus anni dista								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION	CONTRACTOR AND	**************************************	*****************	***************************************	ANNUAL CONTRACTOR OF THE PARTY	*******************************	***************************************	
1. BASIC FILING, SEAR	CH. AND E	XAMINATION	FEES	***************************************	*************	90000000000000000000000000000000000000	***************************************	
,	FILING FI	EES		CH FEES	EXAMIN	IATION FEES		
Application Type		nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110	0.00	
Design	228	110	100	50	140	78	0.00	
Plant	228	110	330	165	170		0.00	
Reissue	330	165	540			85	0.00	
Provisional	220			270	650	325	0.00	
2. EXCESS CLAIM FEE		110	0	0	0	0	***************************************	
Fee Description Fee (S) Fee (S)								
Each claim over 20 (inchuling Reissnes)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee P				Nation (P)		398	195	
- 20 or HP =	Extra Claims	\$ <u>Fee (\$)</u> ×		<u>Paid (\$)</u> .00			endent Claims	
HP = highest number of total		if greater than 20.				Fee (S)	<u>Fee Paid (\$)</u> 0.00	
	Extra Claims			aid (\$)		-	0-00	
- 3 or HP = HP = highest number of indep		x eaid for, if greater th		.00				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. $41(a)(1)(G)$ and 37 CFR $1.16(s)$. Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 190 = 0 / 50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) 0.00								
Other (e.g., late filing surcharge): Second Month Extension of Time and RCE Fee 1.170.00								
SUBMITTED BY								
ignature (ATH M. DAI	alen P	egistration No. 28	3977	Telephone	703-205-8000	
lame (Prini/Type) Gerald M, I		/8010 #43,(mg_ ll^	ttorney/Agent) 2	***********		AY 0 3 7000	

This osilection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confideritality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office. S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADURESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.